

The Stages of Breastfeeding

Breastfeeding is a process that unfolds and changes as a mother and her baby master the skill.

Some mothers and babies learn to breastfeed with little effort; others face challenges that require assistance and patience.

Throughout history, mothers have received assistance in learning how to nurse their babies.

Many mothers find the first 2-3 weeks of breastfeeding to be the most challenging.

This is when mothers are most tempted to stop. Most mothers who persist find that the rewards are gratifying and long-term, for both themselves and their babies. A few mothers may face on-going challenges. However, they continue because they are committed to providing the best health and brain development for their babies.

While Pregnant “Getting Ready”

---Your nipples do not require any special preparation to nurse. You do not need to rub them with a towel or “toughen them up”. This will remove the protective layer of skin and natural moisture. Likewise, you may want to avoid soap or any product that is drying to your nipples.

---If your nipples are flat or inverted, refer to our information on Flat Nipples. If you are uncertain whether your nipples are flat, have them checked by a physician, nurse or lactation consultant.

Birth to ~ 3 days of age “Colostrum Time”

---Mothers are learning how to position baby at the breast and get a deep latch.

---Babies are figuring out how to latch and maintain a suckle that removes colostrum; they may be fussy or sleepy; they may nurse frequently or very irregularly.

---Pain medication in labor, an epidural, a difficult delivery or a Cesarean may delay an effective latch.

---Circumcision may cause a baby to be irritable or sleepy.

What Can You Do?

Put baby to breast as soon as possible after birth, preferably in the first hour.

Allow your baby to have skin to skin contact (this refers to a baby, either naked or in a diaper, lying on your bare chest so that your baby’s skin is in contact with your skin.). This will help calm your baby and make him or her more receptive to latching.

Practice positioning and latch. Refer to our information on latching for helpful tips.

Offer breast when baby roots and sucks, or, every 2-3 hours, whichever comes first.

If baby is sleepy, undress to diaper and stroke baby’s lips. If very sleepy, don’t force nursing. Try again in a hour.

If baby seems to fuss and cry a lot, don’t assume he or she is hungry. Try more skin to skin contact to help calm baby. You may also let your baby suck on your finger to calm down...and then offer the breast.

If latch hurts, start over. Breastfeeding should not hurt.

Try to get baby to actively suckle for at least 10 to 20 minutes on one side. Baby

may stay on longer if latch does not hurt and nipples are comfortable. If baby is too sleepy after one breast, offer the other breast at the next feeding.

Sucking/stimulation of the breasts is important for long-term milk supply. If baby will not latch by 12-24 hours of age, continue to offer the breast, but start pumping every 3 hours and finger feed the pumped colostrum.

Frequent suckling or milk removal with a pump will help prevent engorgement (when breasts get very full and firm because milk is not being removed) as your milk comes in.

Colostrum is very low in volume or amount, but very high in antibodies and protective factors; it is often referred to as liquid gold or medicine because it is so beneficial for baby.

~2 to 5 days of age “Hello Milk”

---As colostrum changes to milk, many babies seem to wake up, become fussy and want to nurse frequently (known as cluster feeding). A mother may interpret this as something wrong. Unless baby has lost an excessive amount of weight (more than 7-10% of their birth weight), this is normal at this time.

---Some babies find it more difficult to latch as the breast becomes firmer and “feels different”. If the new milk is not emptied, a mother may become engorged (hard, red, sore, swollen breasts).

---Often a new mother has just gone home from the hospital when all this occurs and may feel confused or overwhelmed.

What Can You Do?

Keep baby close by for feedings. A side car sleeper or a bassinet will allow you to feed baby more easily at night.

Continue to **practice** positioning and latch.

When a baby is actually removing milk, vs. just suckling at the breast, you will notice deep, slower jaw movements. In addition, your breast should feel softer after a baby has spent time removing milk.

Nurse baby at least every 2-3 hours; more often if baby starts rooting and sucking.

Get in the habit of starting a feeding before baby gets upset and cries. It is harder to latch when baby is frantic. **If baby is sleepy**, wake baby by undressing to diaper or stroking lips.

It is not necessary to offer both breasts at a feeding, but do allow baby enough time to “drain” (noticeably soften) at least one breast. Offer the other breast if baby still wants to nurse or if your breasts are very full.

If breasts become engorged, apply cold packs between nursings. A good electric breast pump may help to soften breasts so baby can latch easier. Pump for several minutes until milk flows and breast softens, then latch baby and continue nursing.

If latch hurts or baby refuses to latch, get help from a lactation consultant.

~4 days to ~14 days of age “Getting Settled”

---Once milk is in and baby is latching and removing milk well, many mothers breastfeed with few difficulties.

---Most mothers start adjusting to the rhythm of nursing and parents start to be able to “read” their baby’s needs.

---Some babies may still not be latching well and transferring milk. This may result in nipple break down or weight loss. Your baby should not lose weight after day 4. Normal gain is now to 1 ounce per day. Ideally your baby will be back to birth weight by 10-14 days of age.

---If baby is not having at least 6 wet diapers and 3 stools in 24 hours, make sure to wake baby to feed every 3 hours and call your baby's physician or a lactation consultant. Stools should be changing from black and tarry and sticky to yellow, curdy and liquidy.

---If a baby was early (less than 38 weeks), he/she may be especially sleepy at the breast and may have a hard time gaining weight. You may need to pump and supplement with pumped milk after breastfeeding. An early baby may have a longer "learning curve" when it comes to breastfeeding, but with time, even early babies tend to do very well. Realize it may be a bit more work in the early days and weeks.

---A baby with an elevated bilirubin level (resulting in jaundice or yellow skin) may be sleepy. Nurse frequently. If baby does not suckle actively to drain the breast, you may need to pump and feed the pumped milk. This extra food will help baby excrete the bilirubin.

---A baby who swallows frequently during feedings, has more than 3 yellow stools per day, and is gaining weight, but continues to root after a feeding, may need comfort, rather than more food. Sucking soothes your baby. Try swaddling your baby, holding her against your chest or walking with her. This may also comfort your baby.

What Can You Do?

If latch is good, milk is in, nipples are comfortable and baby is nursing vigorously to satisfaction throughout the day, **you may find that baby only wants to nurse on one side** at a feeding (usually for 10-20 minutes). This is fine as it allows baby to thoroughly "drain" one side and get the hindmilk, which has more fat and calories. Your breasts will adjust to one-sided nursing, although, if necessary, you may soften the other breast by pumping briefly.

Once baby has reached birth weight, continue to nurse frequently during the day (every 2-3 hours) but let baby wake you at night to feed. Baby may start sleeping a little longer at night. Keep stimulation low at night: low lights, quiet, change diaper only as necessary. You may swaddle to help baby stay calm at night.

If baby is sleepy at breast, try switch-nursings. Put baby to one side. When sucking stops (usually in about 5-15 minutes), compress your breast until sucking stops again. Place baby on lap in front of you and burp to awaken baby. Then put baby to the other breast. When sucking stops, compress breast until sucking stops again. Burp and change diaper. Offer the first breast again (although baby may not take it). Switch nursing helps a baby to get milk easier, although baby may only get the early milk.

If latch hurts, nipples are cracked, baby is not gaining (approximately to 1 oz. per day) or baby is not back to birth weight by 10-14 days of age, **see a lactation consultant.**

Renting a pump and bottling may seem like a solution if you are having any problems. But it is much more work and is usually not necessary if you seek help. Many women have difficulty maintaining a milk supply long term when they exclusively pump and bottle.

2-3 weeks to 6 months of age “Established Breastfeeding”

---**For most mothers and babies**, breastfeeding settles into a comfortable pattern now.

---**Continue to “drain” at least one breast** very well at each feeding.

---**Babies get very adept at latching**. Some mothers may introduce a bottle with a slow flow nipple and use it when they must be away from baby. Mothers who are returning to work may gradually start to stockpile some milk.

---**Some babies change their stooling pattern** around 6 weeks of age; they may start to stool less frequently, however, the consistency of their stools should be the same and normally babies stool at least once a day.

---**As your baby grows and develops**, your milk will change to meet his or her needs. This is one of the amazing characteristics of human milk and why it is the perfect food for your baby. Properties in your milk help your baby’s brain to develop optimally and the antibody factors help your baby’s immune system to fully develop and fight off illnesses.

---**At times your baby may go through “growth” spurts**. We don’t fully understand these spurts, but you may notice that your baby is more fussy, less content after feedings and may want to nurse very frequently. Often mothers question whether they have enough milk when their baby does this. Actually, this may be your baby increasing their intake temporarily. Babies eat an average of about 28 ounces a day from 1 to 6 months of age.

---**At any time that your baby should have a temperature or diarrhea or vomit repeatedly**, your baby is not going through a growth spurt. If your baby acts sick, please call your baby’s physician.

What are the most common problems that mothers may encounter during this time period?

Mastitis - especially if nipples were cracked and bleeding recently. It is related to milk sitting in the breasts too long with no removal. Your breasts may have a lumpy area and/or red streaks and you may have a temperature and feel flu-like symptoms. Seek help from a lactation consultant or your physician.

Yeast Overgrowth— often presents as nipple or deep breast pain after weeks or months of pain-free nursing. Seek help from a lactation consultant or your physician.

Fussiness – throughout the day, not just in the evening, may be related to an abundant milk supply or a food sensitivity. With an abundant milk supply, baby may be gaining well, but wants to eat constantly and is fussy and gassy. With a food sensitivity, a baby is unable to handle a certain food that is consumed by his or her mother. Dairy products (milk) are the most common cause.

Teething – may disrupt nursing due to soreness of a baby’s gums. Occasionally, a baby will bite while nursing. A firm “no” and brief removal from the breast is usually sufficient. Keep your finger near baby’s mouth to intervene quickly. Apply an antibiotic ointment if the bite should break the skin of your nipple.

Illnesses – of mother or baby should not interfere with nursing unless a mother needs to take a medication that is harmful to baby. Many medications are safe even for breastfeeding mothers. Contact our office if you have questions about a particular medication. It is possible for a breastfed baby to get

ill, however, the illness is usually much less severe. Nursing is often very comforting to a sick baby and will help to keep baby hydrated.

4 to 12 months of age “Starting Solids”

---**Around 4-6 months of age**, most babies will show an interest in solid foods. (Some physicians may recommend that you delay solids if you have a strong family history of food allergies.)

---**Breastmilk is still the most important nutrient** for a baby. However, babies have a need for additional nutrients as well, including more iron, at this age. Introduce foods gradually to your baby’s diet. Whenever possible, nurse before feeding solids.

---**Some babies like baby food**, prepared commercially or at home in a blender. Other babies prefer appropriate finger foods instead.

---**Many babies nurse very quickly** at this age (3-5 minutes at the breast) and may become very distracted at the breast. You may find it easier to nurse in more private settings.

---**Mastitis and yeast** are still possibilities, although less common.

---**Most babies**, unless they have a food sensitivity, have outgrown their fussiness by now.

12 months plus “Nursing a Toddler”

---**Many mothers continue to breastfeed** beyond 12 months, even though they may have planned to stop by one year.

---**The American Academy of Pediatrics and the U.S. Surgeon General** recommend breastfeeding beyond 12 months, for as long as mother and baby want to continue.

---**Most babies nurse infrequently** at this age - only once or twice a day. Others may wish to nurse more often as they begin to explore and their world expands.

---**Ideally, a baby will wean gradually** as they are ready to let go off breastfeeding. If weaning is initiated by a mother, it is recommended that it be done gradually in order to avoid mastitis or engorgement.

Adapted from Milkworks